

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5046AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2009
NAME OF PROVIDER OR SUPPLIER OHANA ADULT CARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1566 MT HOOD ST LAS VEGAS, NV 89110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted on your facility from 6/1/09 to 6/16/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for ten Residential Facility for Group beds which provides care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. One resident file was reviewed and zero employee files were reviewed. Complaint #NV00021932 was substantiated. See Tags Y0577 & Y0590. The following deficiencies were identified:	Y 000		
Y 577 SS=D	449.267(6) Money and Property of Residents NAC 449.267 6. Except as otherwise provided in subsection 7, an operator or employee of a residential facility shall not accept appointment as a guardian or conservator of the estate of any resident, become a substitute payee for any payments made to any resident or accept an appointment as attorney in fact for any resident.	Y 577		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 577	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on record review and interview from 6/1/09 to 6/16/09, the facility failed to ensure that an employee did not accept an appointment as a guardian of the estate of any resident for 1 of 6 residents (Resident #1).</p> <p>Findings include:</p> <p>Review of Resident #1's will on 6/15/09 documented it was signed and dated 12/4/08 by Resident #1. Section V of Resident #1's will indicated all property would be equally shared 1/2 to a friend in Galveston Texas and 1/2 to Ohana Adult Care LLC, located in Las Vegas Nevada. Section IX of the will documented appointing Resident #1's wife, as the executor and in the event of the wife's death, Employee #1, the administrator/facility owner would serve as the executor. On the final page of the will, Employee #1 was a witness to the will.</p> <p>On 6/1/09, at 3:05 PM, when the Administrator was asked if she knew if the will contained anything for the facility, the Administrator, said "no I just typed it, I'm not sure of all the content. I did go with Resident #1 and his wife to the notary to get the will signed though." When asked when this occurred, the Administrator, replied sometime in December 2008.</p> <p>Resident #1's spouse, on 6/4/2009 at 10:50 AM, related, the Administrator sent her husband's will to her in a taped package. The resident's wife stated she was very surprised to see the Administrator had changed the will to include herself as the executor and changed the estate proceeds to providing the facility 1/2 of the</p>	Y 577			

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Y 577	Continued From page 2 distributed property. Severity: 2 Scope: 1	Y 577		
Y 590 SS=D	449.268(1)(a) Resident Rights NAC 449.268 1. The administrator of a residential facility shall ensure that: (a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility. This Regulation is not met as evidenced by: Based on record review and interview from 6/1/09 to 6/16/09, the administrator failed to ensure 1 of 6 residents was not financially exploited by a member of the staff (Resident #1). Findings include: Resident #1's record contained a General Physical examination dated 11/12/08. The Physician diagnosed the resident with Alzheimer's dementia with aggressive behaviors. The Standard Physician's Assessment on 11/12/08, documented a category 2 resident that required confinement in a locked facility due to Alzheimer's/Dementia. The facility's Activities of Daily Living Assessment on 4/12/08 noted Resident #1 was oriented to self only, and that he did not remember place or time. During an interview, 6/01/09 at 3:20 PM,	Y 590		

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Y 590	<p>Continued From page 3</p> <p>Resident #1 did not know the current year, could not recall his will had been rewritten or that he had signed it in December 2008. He said, "that his wife handles all that." Resident #1 failed to remember his phone call earlier that day to his spouse.</p> <p>Review of Resident #1's will on 6/15/09 documented it was signed and dated 12/4/08 by Resident #1. Section V of Resident #1's will indicated all property would be equally shared 1/2 to a friend in Galveston Texas and 1/2 to Ohana Adult Care LLC, located in Las Vegas Nevada. Section IX of the will documented appointing Resident #1's wife as the executor and in the event of his wife's death, the Administrator was to serve as the executor. On the final page of the will, the Administrator signed as a witness. The testator, the Administrator, signed that Resident #1, was of sound mind and memory at the time of execution of the will.</p> <p>On 6/4/2009 at 10:50 AM, the wife of Resident #1 related, it was her intent to have the resident's will redone to leave everything to their friend in Galveston, if she preceded her husband. She stated she wanted their friend to provide some funds to Easter Seals and something to the facility if there was anything left. The wife also reported it was her intent for their friend to be the executor of the will. The wife related the Administrator took her and Resident #1 to the notary to have the will signed by Resident #1 in December 2008. The wife reported, the Administrator directed everything at the notary's office. The wife related the Administrator sent her a copy of Resident #1's will in a taped package and she opened it a few months later. The wife stated she was very surprised to see the Administrator had changed the will to include</p>	Y 590			

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Y 590	Continued From page 4 herself as the executor and changed the estate proceeds to providing the facility 1/2 of the distributed property. Severity: 2 Scope: 1	Y 590			

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